

IHS Committee  
3/4/2013

1. Those in attendance: Lee Combrinck-Graham, Peter Mason, Pat Grygorcewicz, Mark Kovitch, Mary Pat DeCarlo
2. Minutes were approved.
3. Peter will distribute the definition of cluster supports and the base LON rates to providers in the middle of March before the trade division meetings.
4. IHS for individuals living in their own home is predictable in terms of hours because it is based on the needs of the participant.

IHS for individuals living in a family home is more variable because they must be based on the needs of the individual and the family dynamics.

For this reason, the IHS committee is exploring the idea of separating the rate methodology for these two situations.

5. Began discussion on Individualized Home Supports in a family home. Individualized Home Supports in a family home requires providing supports to both the individual and the family members. The family is the real trainer regarding the individual and identifying support boundaries a provider must follow. IP goals may be based on needs of the individual and the need for the individual to live in the family setting. It is important to come to an agreement with the family as to the goal for the supports ( i.e. to learn basic health and daily living skills or becoming independent to live on their own). Families with other siblings may have an additional goal to allow the family to have normal family routines while the provider's staff works to integrate the individual into those routines. Providers need to be clear with the families that this support requires teaching and instructing the individual otherwise the supports would fall under the adult companion category. Providers are not to provide supervision to other family members for any length of time supports are provided to the DDS participant. There may be times when the staff and the individual are alone and away from the family.

Service Description:

- Setting – non-licensed family living situation
- Supports -- typically less than 24 hour staff supports but can receive 24 hours with prior approval.
- Age - supports can be provided for qualified DDS participants between ages 3-65
- Family has oversight responsibility of the individual during the off hours of supports
- Medication administration is performed by the family
- VSP participants- a family member must be in the house with the direct support staff 50% of the time supports are provided
- Can provide supports without the family present

- Staff are not responsible for other members of the family during their support hours
- the staff's time is a combination of meeting the individual's IP goals which should include being in a supporting role for the family
- Agency supports may include direct staff, clinical and behavioral supports
- Funding should be based on:
  - individual level of need
  - natural supports already available and/or being used

Services to be part of the funding

- in-home supports
- Personal Supports
- Adult Companion
- respite/camp
- assistive technology
- clinical supports

Questions:

- What should be the appropriate educational level of the direct care staff?
- Does the service require additional training?

6. Next meeting to be held on March 22, 2013.